



WEST GLAMORGAN SAFEGUARDING BOARDS

EXPLOITATION GUIDANCE

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Contents

1.	Introduction	4
2.	Purpose	4
3.	Rationale	5
4.	Specific Responsibilities:	6
5.	Specific Definitions	6
5.1.	Sexual Exploitation (SE) – Sexual Abuse	6
6.	Online Child Sexual Exploitation	7
7.	Peer-On-Peer Child Exploitation	7
8.	Harmful Sexual Behaviour	8
9.	Criminal and Economic Exploitation	8
11.	Modern Slavery/Human Trafficking	10
12.	Radicalisation	10
13.	Part 1 - Child Exploitation (CE)	11
14.	Early Intervention	12
15.	Four Key Priorities In Tacking Child Exploitation	12
16.	Vulnerabilities/Risk Factors	13
17.	Missing Children and Young People	13
18.	Working In The Absence Of A Formal Allegation:	14
19.	Contextual Safeguarding	14
20.	Membership of CE Meetings	17
21.	Involvement of Parents, Carers and Young People Within The CE Process	17
22.	Advocacy	17
23.	Family Network Meetings/Family Group Conferences	17
24.	Duration of Work	17
25.	Review Process	18
26.	Trafficked Children	18
27.	Criminal Investigations	18
28.	Disruption Measures	19
29.	Concluding CE Protocol	19
30.	Governance	19
31.	Reporting, Auditing and Analysis of Information	20
32.	Training	20
33.	Part 2 - Transition Into Adulthood	20
34.	Part 3 - Adult Exploitation	23
35.	Capacity	24
36.	Consent for Referrals / Support	24

37.	Sexual Exploitation of Adults	25
38.	Harmful Sexual Behaviour	25
39.	Cuckooing	25
40.	Modern Slavery/Human Trafficking	26
41.	National Referral Mechanism (NRM) Framework	27
42.	<i>'Duty To Notify'</i>	27

Appendix 1 – Mental Capacity Assessment Checklist

1. Introduction

- 1.1. Exploitation in all its forms remains a key strategic priority for the West Glamorgan Safeguarding Boards and is priority 1 in the Joint annual business plan 2019-2020.

Safeguarding Priority 1: We will tackle Exploitation

Strategic Outcome: To tackle exploitation across the region.

Priority Objective: Identify and understand the pattern of exploitation across the region in order to develop strategies to tackle exploitation.

- 1.2. Exploitation is a safeguarding issue and comes in many forms:

- Sexual Exploitation/Sexual Abuse
- Harmful Sexual Behaviours
- Criminal Exploitation
- Human Trafficking/ Modern Slavery
- Domestic Violence and Abuse
- Peer on Peer abuse
- Financial Abuse
- Culturally harmful behaviours (eg. Forced marriage, honour based violence, FGM)
- Going Missing (MISPER)
- Radicalisation
- Online

- 1.3. Children, young people and adults can be exploited and the transition between childhood and adulthood can be particularly problematic in ensuring the right services and support mechanisms are in place.

2. **Purpose**

- To support the West Glamorgan Safeguarding Boards (WGSB) to monitor and challenge the effectiveness of the activity undertaken by the Safeguarding teams with our partner agencies to safeguard and promote the welfare of the children, young people and adults who are at risk of, or being harmed by, exploitation.
- To ensure there is an effective multi-agency **operational** response to the identification, disruption and safeguarding of vulnerable children, young people and adults
- To ensure that the cases and individuals identified are deemed a priority are able to access the right support from our partner agencies, including access to Better Futures when appropriate.
- To ensure that complex child exploitation cases are referred to the Contextual Risk Panel for **Strategic** oversight.

3. Rationale

- Exploitation is a form of abuse which can involve the sexual, physical and emotional abuse and neglect of children, young people and adults.
- Victims do not make informed choices to enter into or remain within exploitative situations, as they do so via coercion and control, manipulation, grooming and/or other forms of enticement.
- Children, young people and adults who are exploited will experience difficulty and/or confusion around their autonomy to make choices, and where there is a sexual element it will impact on their understanding around sex, sexuality and the sexual activity into which they have been coerced.
- Children under 16 years cannot consent to sexual activity with an adult, and sexual activity with a child aged less than 13 years carries significant sentencing powers under the Sexual Offences Act 2003. (<https://www.legislation.gov.uk/ukpga/2003/42>)
- Exploited children, young people and adults must be treated as victims of abuse, and not as offenders.
- Help and support to families should be tailored to their individual needs and circumstances, taking into account sexuality, gender, physical disability or learning disabilities, those from ethnic communities, and those with additional language needs.
- Law enforcement efforts must involve disruption of exploitative activity, and target offenders, and if there is a sexual element to the exploitation treat these offenders as sexual abusers. The Disruption toolkit issued by the Home Office should be considered along with other means of disruption. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/794554/6.5120_Child_exploitation_disruption_toolkit.pdf
- Exploitation is one of those problems where silo working is actively harmful to the protection of victims and stopping offenders. All forms of exploitation need to be considered rather than a concentration on single issues e.g CSE.
- It is essential that the victim's voice is heard and agencies actively engage with children, young people and adults to provide them with the opportunity to tell their own story, to seek to understand the person's perspective, experience and the impact of this upon them.
- There is a need for a multi- agency response to safeguard both the individuals, identify and disrupt perpetrator and ensure that communities are safe.
- Ensure that all children who have been missing get a return home interview.

- Ensure that missing children are seen as a priority in safeguarding decision making.
- To provide the Local Authority with a clear oversight in order to identify and target specific resources to vulnerable people and communities to prevent and reduce the risk of Exploitation.

4. Specific Responsibilities:

- Provide regular updates to the Heads of Children's and Adults Social Services and to the West Glamorgan Safeguarding Board on the prevalence, characteristics, emerging themes and issues relating to Exploitation.
- Identify and highlight these issues in order to influence the development of effective local/regional responses.
- To oversee and ensure that all people identified as at risk of exploitation have access to specific targeted support at the right time.
- To ensure that there are regular multiagency meetings, involving the family and young people (unless there are specific safeguarding reasons that this should not be promoted) that are in line with current timescales under the All Wales Safeguarding Procedures, Handling Individual Cases of Child and Adults at Risk (Volume 5 and 6) issued under the Social Services and Wellbeing (Wales) Act 2014.

5. Specific Definitions

5.1. Sexual Exploitation (SE) – Sexual Abuse

5.2. Sexual exploitation is a form of sexual abuse. Sexual abuse includes any act of 'forcing or enticing a child, young person or vulnerable adult to take part in sexual activities'.

5.3. Like any other form of sexual abuse, sexual exploitation:

- a) Can affect any child or young person (male or female) under the age of 18 years
- b) includes 16 and 17 year olds who can legally consent to have sex
- c) can affect vulnerable adults
- d) Can still be abuse even if the sexual activity appears consensual
- e) Can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity
- f) Can take place in person and via technology, or a combination of both
- g) Can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence

5.4. Some victims are groomed as children and continue to be abused as adults.

Others are vulnerable to exploitation starting in adulthood due to having learning difficulties, physical disabilities, mental health problems, substance misuse issues, being elderly, hearing or vision impairment, English is not their first language or because they are vulnerable in other ways.

- 5.5. Sexual exploitation is a form of sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or adult into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual.
- 5.6. **SE is abuse and is a crime**, therefore the All Wales Safeguarding Procedures are to be followed. Efforts need to be directed towards perpetrators in order to detect, prevent and disrupt those that abuse at the earliest stages as well as the prosecution of individual perpetrators to ensure that they face the full force of the criminal justice system for their crimes. These are not mutually exclusive activities.

6. Online Child Sexual Exploitation

- 6.1. Online child sexual exploitation can be particularly challenging to identify and respond to. Children and young people, and perpetrators, are frequently more familiar with, and spend more time in, these environments than parents/carers and practitioners who can struggle to remain up to date with the latest sites and potential connection points. Technology offers instant connectivity, with perpetrators able to initiate contact with multiple potential victims at any time. It also offers a perception of anonymity, with children and young people, and perpetrators, potentially saying and doing things online that they wouldn't do offline. This eases the grooming process and facilitates more rapid sexualisation of perpetrator approaches to potential victims. Where exploitation does occur online (through the exchange of sexual communication or images, for example) these can be quickly and easily shared with others. This makes it difficult to contain the potential for further abuse and presents significant challenges around content removal.

7. Peer-On-Peer Child Exploitation

- 7.1. It is important to understand that young people can be both experiencing child exploitation and perpetrating it at the same time. Young people who perpetrate child exploitation require a different response to adult perpetrators. This does not in any way suggest that the harm experienced by children or young people abused by their peers is any less significant than the harm experienced by those abused by adults (nor that this harm does not need to be addressed), but rather that there are numerous factors that should be considered when working with young people who perpetrate child exploitation (and therefore display harmful sexual behaviour). While such responses may involve criminal justice pathways/sanctions at times, and the legislation provides for this, every child or young person who displays harmful sexual behaviour should also have their safeguarding and welfare needs actively considered. There is useful information on Hackett's continuum as well as the University of Bedfordshire Contextual Safeguarding programme (see links)

<https://learning.nspcc.org.uk/research-resources/2019/harmful-sexual-behaviour-framework/>
<https://www.beds.ac.uk/ic/current-projects/contextual-safeguarding-programme>.

- 7.2. We also know that children and young people who experience child sexual exploitation can be manipulated by their abusers to become involved in other forms of illegal activity such as shoplifting or drug dealing, for example. This can be part of a purposeful strategy on the part of the perpetrators to control their victims and to ensure they have something to hold over them should they think of reporting their abuse, and any subsequent offending should be viewed in light of this.

8. Harmful Sexual Behaviour

- 8.1. Harmful sexual behaviours (HSB) can be defined as: sexual behaviours expressed by children and young people under the age of 18 years that are developmentally inappropriate, may be harmful towards themselves or others, or be abusive towards another child, young person or adult. This definition of HSB includes both contact and non-contact behaviours (grooming, exhibitionism, voyeurism, and sexting or recording images of sexual acts via smart phones or social media applications and revenge porn). Useful tools when considering HSB include Hackett's Continuum and the Brook Traffic Light Tool.

<https://learning.nspcc.org.uk/research-resources/2019/harmful-sexual-behaviour-framework/>
<https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool>

- 8.2. As individuals transition into adulthood these harmful sexual behaviours are seen as criminal acts such as:

- Grooming
- Rape
- Sexual assault
- Coercion
- Control

It is vitally important that agencies dealing with these issues consider the adult's own vulnerabilities and prior exposure to abusive behaviour as a child.

9. Criminal and Economic Exploitation

- 9.1. Criminal exploitation refers to the exploitation/use of a person in any way for economic gain.

This may include:

- forced labor and slavery
- exploitation in the sex industry including child sex tourism
- cultivating cannabis
- selling and distributing drugs
- the "sale" or illegal adoption of children for profit

- 9.2. Criminal exploitation of vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines activity. It is a harm which is relatively little known about or recognised by those best placed to spot its potential victims.
- 9.3. County lines is a major, cross-cutting issue involving drugs, violence, gangs, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations.
- 9.4. County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on vulnerable adults, young people and local communities.
- 9.5. Like other forms of abuse and exploitation, county lines exploitation:
- Can Affect Any Vulnerable Adult Over The Age Of 18 Years;
 - Can Still Be Exploitation Even If The Activity Appears Consensual;
 - Can Involve Force And/Or Enticement-Based Methods Of Compliance And Is Often Accompanied By Violence Or Threats Of Violence;
 - Can Be Perpetrated By Individuals Or Groups, Males Or Females, And Young People Or Adults; And
 - Is Typified By Some Form Of Power Imbalance In Favour Of Those Perpetrating The Exploitation. Whilst Age May Be The Most Obvious, This Power Imbalance Can Also Be Due To A Range Of Other Factors Including Gender, Cognitive Ability, Physical Strength, Status, And Access To Economic Or Other Resources.
- 9.6. The Children's Society have published a Toolkit for Professionals dealing with County Lines, Criminal Exploitation and Trafficking. (see link)
<https://www.childrenssociety.org.uk/sites/default/files/exploitation-toolkit.pdf>

10. Cuckooing

- 10.1. **Cuckooing is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for drug dealing.**
Victims of 'cuckooing' are often drug users but can include older people, those suffering from mental or physical health problems, female sex workers, single mums and those living in poverty. Victims may suffer from other forms of addiction, such as alcoholism.
- 10.2. Once they gain control, gangs move in with the risk of domestic abuse, sexual exploitation and violence. Children as well as adults are used as drug runners.
- 10.3. It's common for gangs to have access to several addresses. They move quickly between vulnerable people's homes for just a few hours, a couple of days or sometimes longer. This helps gangs evade detection.
- 10.4. These gangs may use accommodation in rural areas, including serviced apartments, holiday lets, budget hotels and caravan parks.

- 10.5 Some vulnerable adults may be forced to leave their homes, making themselves homeless and leaving the gangs free to sell drugs in their absence.

11. Modern Slavery/Human Trafficking

- 11.1. “Trafficking in persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.
- 11.2. **Child trafficking is child abuse.** It is defined as “the recruitment, transportation, transfer, harbouring or receipt of person’s under 18 years of age, for the purpose of exploitation”. Children are trafficked into the UK and around the UK. Child Trafficking is often a constituent element of other types of exploitation eg. CSE, CCE, County Lines. Utilising modern slavery/trafficking legislation can increase sentencing of perpetrators but can also act as part of the disruption activity.
- 11.3. There is a clear distinction between trafficking and smuggling. Smuggling involves the movement of people from one place to another; sometimes for a large fee, but the relationship between the person and the smuggler ends on arrival at their destination. Trafficking also involves the movement of people but crucially, with the intention to exploit them at their destination.
- 11.4. UK citizens can be trafficked within the UK and adults and children from abroad who are vulnerable can be trafficked around the country after their arrival in the UK. This is referred to as ‘internal trafficking’. Internal trafficking was made an offence by Section 58 of the Sexual Offences Act 2003.
- 11.5. Where there is a concern that an adult is the victim of trafficking they may be at risk of immediate harm and time is of the essence. A practitioner must refer their concerns in the first instance to Adult Safeguarding.

12. Radicalisation

- 12.1. Children, young people and adults can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include exposure through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. Neglectful parenting can leave children and young people vulnerable to exposure to harmful materials because of the lack of or inconsistent boundaries. This can put a person at risk of being drawn into criminal activity and has the potential to cause significant harm. Children, young people and adults are vulnerable to exposure to, or involvement with, groups or individuals who advocate violence as a means to a political or ideological end.

12.2. Safeguarding children, young people and vulnerable adults from radicalisation is no different from safeguarding them from other forms of harm. Indicators for vulnerability to radicalisation are the same.

12.3. Those in the process of being radicalised may become involved with a new group of friends, search for answers to questions about identity, faith and belonging, possess extremist literature or advocate violent actions, change their behaviour and language, or may seek to recruit others to an extremist ideology.

13. **Part 1 - Child Exploitation (CE)**

13.1. Child Exploitation (CE) is a safeguarding issue. There are several different forms of exploitation of children and young people under the age of 18, and a child/ young person may experience one or more of these at any one time.

13.2. It **involves exploitative situations, contexts and relationships** where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money ; in all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

13.3. The CE process is not an emergency response and any immediate safeguarding concerns should follow the All Wales Protection Procedures.

13.4. **The victims are children**, however they present themselves. They cannot consent to their abuse and the grooming process, employed by perpetrators, removes any real sense of self determination from these children. There should be no scenarios in which victims are viewed as young men/women or as making choices. Given this unless there is a good reason an approach of taking a child or young person away from their local area and family support should not be advocated. Removing the victim does not address the concerns in the local area of the perpetrator(s) and their continued potential to abuse children. All agencies should work together to disrupt and share information to reduce and eliminate CE activity from individuals and groups in their local area.

13.5. It is acknowledged that one approach does not fit every child or young person, but the premise, rationale and ways of working can be applied and considered in all cases and then provision and responses focused on that child or young person.

13.6. **Abuse does not occur because of a child or young person's vulnerability. It occurs because there is someone who is willing to take advantage of this vulnerability and because there are inadequate protective structures (around the child and their family) in place to mitigate against this.**

13.7. **Referrals Relating To CE**

13.8. All requests for CE targeted intervention need to be sent to the relevant manager/team as soon as the concerns are identified. Additionally for CSE concerns a Sexual Exploitation Risk Assessment Form (SERAF) is a useful

tool. Practitioners should consider providing chronologies, association maps and safety maps to inform the referral and subsequent action.

14. Early Intervention

14.1. As highlighted by Beckett H, Holmes D and Walker J (2017), a primary preventative strategy should:

1. Educate all children and young people about the nature and risks of grooming, child exploitation and other forms of related harm (both online and offline) and how to access support.
2. Recognise that children/young people can be both victims and perpetrators of child exploitation.
3. Promote the resilience of children/young people and their families and strengthen the protective factors around them.
4. Identify and support those settings, such as schools and colleges, in which young people can form healthy and safe relationships.
5. Supplement universal initiatives with targeted work with groups of particularly vulnerable children and young people, such as those in care, whilst being careful not to stigmatise specific groups.
6. Provide complementary messages to parents and carers about risks to their children (online and offline) and how to access support if they have concerns.
7. Consider the levels of knowledge and understanding of the wider workforce, so that everyone working with children and young people can play their role in prevention.

15. Four Key Priorities In Tackling Child Exploitation

1. Prevention and Education

- a. Early intervention
- b. The need for early and continuous education
- c. Use all potential avenues of communication

2. Recognition and Identification

- a. Training programmes across continuum
- b. Identification of places where there are more risks of CE
- c. Adopt a holistic approach
- d. Educating parents and carers
- e. Community awareness raising

3. Intervention and Support

- a. Look at what is offered at each stage in the continuum
- b. Contextual considerations
- c. Recovery from CSE
- d. Transition

4. Pursue And Disrupt Through Collaborative Working And Information Sharing

- a. Strategy meetings,
- b. Information sharing,

- c. multi-agency network
- d. Analysis of information from CE case work

16. Vulnerabilities/Risk Factors

- Children who are Looked After by the Local Authority
- Frequent and/ or prolonged periods of going missing
- County Lines – Drug running outside of your local area
- Risky Behaviours
- Absent Parenting
- Family history of abuse or dysfunction.
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts / phone calls / contacts via social media
- Relationships with controlling / older individuals or groups
- Suspicion of physical assault / unexplained injuries
- Carrying weapons
- Significant decline in school results / performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being
- Transition periods – moving from primary to secondary school, school to college, 17 to 18
- Limited or no parental control of internet and social media

- 16.1. Not all children and young people with these vulnerabilities will experience child exploitation.

Child exploitation can also occur without any of these vulnerabilities being present.

Remember safeguarding children from harm and abuse is everyone's responsibility

17. Missing Children and Young People

- 17.1. See Missing Person Protocol for specific details. The All Wales Protocol for Missing Children outlines the requirements for the reporting of any child as a missing person and should be referred to when managing missing children and young people. A child is defined as missing when their location or reason for their absence is unknown and there is cause for concern for them because of their vulnerability, or there is potential danger to the public. They will be considered missing until located and their wellbeing or otherwise established.
- 17.2. It is imperative that all agencies work together to safeguard children who go missing. Each incident of a child going missing should be considered serious as the risks are serious each time. When there are multiple incidents, practitioners will need to consider whether the child's placement is appropriate and whether, for example, a change of placement is necessary to provide a more stable situation for the child.

- 17.3. Research underlines that there is a strong correlation between running away and missing episodes and CE as this can increase a young person's risk of being targeted and groomed or where sexual exploitation is the only way for the young person to survive if they do not have a support network.
- 17.4. The young person's relationship with a perpetrator whom they believe to be a "boyfriend/girlfriend" can act as a "pull factor" in their running away. Equally, a violent or abusive home environment may act as a "push factor" for running away, with perpetrators seeming to offer a refuge. Repeated episodes of running away that involve staying out all night can be indicative of CE, especially if the young person is being picked up and dropped off from their place of residence by unknown adults.
- 17.5. In all cases where a child has been reported missing they should have a return home interview conducted by a police officer, an organisation commissioned by the police to conduct such work, such as Barnardo's or by the child/ young persons allocated social worker. The decision of the most appropriate person to undertake these interviews should be done on an individual basis.
- 17.6. A return interview can:
- **Help understand and address the reasons why a child has run away** such as abuse, neglect or exploitation, involvement in gangs or crime, use of alcohol or drugs.
 - **Identify harm** that may have occurred while the child was away.
 - **Allow practitioners to identify actions** they need to take to address and prevent further risks.
 - **Help the child feel safe** and understand how and where they can seek help if they feel overwhelmed and want to run away again.
 - **Provide them with information on how to stay safe** if they choose to run away again and to understand the risks of running away.

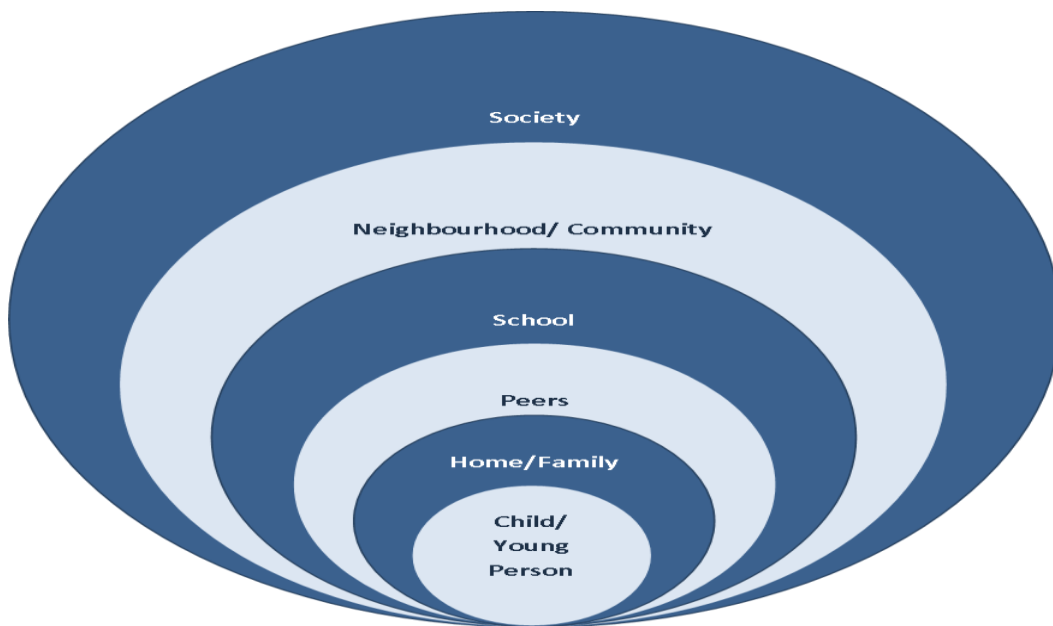
18. Working In The Absence Of A Formal Allegation:

- 18.1. The evidence base suggests that many victims may not reach a point of formal allegation without the provision of (long-term) professional support. It is therefore critical that support is not dependent on an allegation and those children and young people are not pressured to make an allegation before they are ready. The implications of formal allegation are far-reaching and can be particularly damaging if triggered before a child or young person is prepared to deal with them. While it is important to create opportunities for the child or young person to make an allegation, and ask questions that can open up these conversations, this should be done in a facilitative rather than a directive way.

19. Contextual Safeguarding

- 19.1. In working with children and young people who are at risk of or are victims of CE it is important to take a Contextual Safeguarding approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can assist in identifying supportive peer influences but could also feature violence and

abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.



19.2. Assessments should be holistic in approach, examining risk and protective factors and addressing the child's needs within their family/living environment, their peer group, their school and wider community. Children and young people highlight the importance of their existing resources and strengths being mobilised within the recovery process. Additionally, assessments should have a focus on suspects/perpetrators and whether there are indicators of **coercive** behaviour. This holistic approach should form the overarching method of working practices within Children's Services but should consider -

- Inappropriate Relationships
- Safe internet and use of social media
- Boyfriend model and Peer exploitation, also known as party model
- Organised exploitation and trafficking
- Gang Associated CE (including CSE)
- Gang Prevention Working
- Developing resilience in key areas of that child or young person's life that make them more vulnerable to CE to reduce the level of risk and make a sustainable impact on that child/ young person that they can take with them into adulthood.

19.3. Practitioners should ensure:

19.4. **Holistic Approach:** It is essential that a holistic approach is taken when supporting a victim of CE, and the CE issue should not be seen in isolation of their other needs or circumstances, and therefore any review of the CE should consider all the factors with the care and support plan. It is also important to understand and address any underlying vulnerabilities (unmet emotional needs, drug use or previous sexual abuse, for example) to provide recovery work.

Closing down contact with (potential) perpetrators or removing the child/young person from potentially harmful situations is not, on its own, an adequate response to child exploitation. While it is critical to address the child or young person's physical safety, this only addresses the immediate source of risk, not the underlying conditions for abuse.

- 19.5. **Wellbeing:** All of the work needs to be focused both on the child/ young person's wellbeing. There needs to be an understanding that often children at risk of or subject to CE may not directly identify this as the main issue in their lives. Therefore practitioners need to acknowledge this and target the work undertaken alongside the impact and risk management of the impact of any CE concerns.
- 19.6. **Trauma:** CE is child abuse and therefore a traumatic event for a child, sometimes the child has previously suffered abuse or a traumatic event that impacts on their current ability to make safe choices. Therefore the impact of trauma should be considered from the start of any intervention. Evidence around addressing child exploitation increasingly highlights the importance of a trauma-informed approach. Experience of child sexual exploitation can involve traumatic physical, emotional and sexual abuse. It is important that we recognise the impact of these traumatic experiences, both in terms of how the victim may act and in terms of how we work with them. We should also recognise the importance of prioritising safety and trust post-trauma, and the importance of accessing mental health support where required.
- 19.7. **Relational Practice:** in line with Munro's recommendation of reclaiming social work it is really important that young people at risk of or subject to CE have the opportunity to develop a genuine trusted relationship with an adult who has been identified as best placed to support and work with them.
- 19.8. **Empathetic And Non-Judgemental Practice:** effective safeguarding practice is the presence of safe and trusting relationships within which victims feel valued, are supported to communicate, feel listened to and feel part of identifying solutions. There is need to see children as victims and avoid victim-blaming language in recordings and discussions.
- 19.9. **Understanding Is Not The Same As Reducing Risk:** any intervention needs to review the impact and outcomes on the young person's circumstances and seek to help address the core risk factors that are making that young person more at risk of ongoing CE.
- 19.10. **Engaging Children And Young People In Decision-Making Processes:** Children and young people often report a loss of control when services become involved in their lives. This can inadvertently replicate the dynamics of the abuse. It is important that we take active steps to redress this by ensuring that children and young people's views inform decision-making processes and by supporting them, wherever possible, to gain more control over their lives and circumstances. Children and young people want practitioners to work with and alongside them, rather than have safeguarding and welfare processes imposed upon them without consultation or explanation.

20. Membership of CE Meetings

20.1. This is not a definitive list but all the below should be considered and invited to CE meetings, other key agencies that are relevant to the individual child who are not included in the below should also be invited:

- Social worker and Practice Lead
- Practice Lead for disruption of CE/ or SQU manager/ PO for Safeguarding
- Family Support
- Police
- School / Education
- Health
- Youth Offending Service
- Housing
- Probation
- Barnardo's
- Early Intervention and Prevention (Evolve, TAF)
- BASWO
- Legal

21. Involvement of Parents, Carers and Young People Within The CE Process

21.1. In the majority of circumstances parents are doing all they feel they can to safeguard and are not involved in the exploitation of their children, therefore unless there is clear evidence that in doing so they would place their child or any other child at increased risk of harm, they should be invited and take part in all CE meetings. Likewise, the young person should also be invited to attend these meetings, unless there were clear safeguarding concerns if they did so, and in either scenario they should be offered the opportunity of an advocate to attend either with them or on their behalf.

22. Advocacy

22.1. The child/ young person should be offered an advocate, if the child/ young person has been trafficked then an ICTG (Independent Child Trafficking Guardians) should be offered.

23. Family Network Meetings/Family Group Conferences

23.1. In all cases where CE has been identified a FNM/FGC should be considered following the initial CE meeting and involve all the identified family with the support of the allocated social worker. Further meetings should then be considered as part of ongoing intervention to assist with identifying safety, strengths and areas that need further support.

24. Duration of Work

24.1. Both the effects of abuse, and the connections to abusive individuals or contexts, can have long-term detrimental impacts. Unravelling these connections and addressing these impacts require long-term investment in

victims. Recovery is not always a linear process and so children and young people who have experienced this abuse require us to demonstrate a commitment to ongoing support. Children and young people being monitored under the CE protocol and process should be supported and monitored for a period of time that meets their needs but also that evidences to practitioners and the family that safety and change have been sustained over an agreed period of time.

- 24.2. If the concerns remain following a suitable period of intervention then the child/ young person's will need to be referred to the Team Manager/ Principal Officer for consideration of actions.

25. Review Process

- 25.1. Review of CE should take place at least every 3 months and more often if required. These Exploitation strategy meetings should take the place of either the Child in need of Care and Support or Core Group meeting and be chaired by a senior social worker/team manager.

26. Trafficked Children

- 26.1. Where a child has been trafficked it is essential that any immediate safeguarding steps are taken in line with the All Wales Safeguarding Procedures and the All Wales protocol for trafficking. If a child has been identified as having been or at risk of being trafficked, then a multi-agency exploitation strategy meeting should be held and chaired by a senior social services manager. The meeting must consider the completion of the National Referral Mechanism (NRM) referral form as required under the Modern Slavery Act 2015. The Principal Officer for adult safeguarding should also be invited to, and contribute to this meeting where appropriate. At this meeting decisions about next steps and interventions will be agreed but the below provisions should be considered.

27. Criminal Investigations

- 27.1. **An understanding of the impact of engagement in criminal justice processes and provision of support around this:**
- 27.2. Children and young people repeatedly report how difficult and potentially traumatic it is to engage in criminal justice processes, highlighting the need for specific support around this. This is needed both during the process, and afterwards when children, young people and their families can feel particularly vulnerable and isolated, and may be left with a deep sense of injustice and frustration.
- 27.3. **There are a number of orders that can also be obtained:**
- a) **Child Abduction Warning Notices (CAWNs)**, these can be issued by the police and used with individuals over 18 to let them know (and record that they have been told) that they are not allowed to associate with or

contact a named child (under 16, or under 18 if in care). Where there are grounds for a CAWN police may wish to consider any grounds for arrest.

- b) **Sexual Harm Prevention Orders (SHPOs)** can be applied for by the police or the National Crime Agency
- c) **Sexual Risk Orders (SROs)** can also be applied for by the police or the National Crime Agency. These are similar to Sexual Harm Prevention Orders, and can include similar restrictions, but **do not require an individual to have been convicted or cautioned**
- d) Where there are concerns that a child has been trafficked as part of child exploitation (this can include movement from one area to another within Neath and Port Talbot and Swansea), **Slavery and Trafficking Prevention Orders (STPOs)** and **Slavery and Trafficking Risk Orders (STROs)** can also be considered. STPOs and STROs can be applied for by the police, the National Crime Agency or an immigration officer. These were introduced under the *Modern Slavery Act 2015*

28. Disruption Measures

- 28.1. Disruption of victim/perpetrator contact is an essential strand of a comprehensive response to child exploitation and particularly beneficial where criminal convictions cannot be secured. There is a range of disruption measures that can be used to close down potential locations of abuse, restrict victim/perpetrator contact or place other controls on suspect behaviour in the absence of a criminal prosecution.
- 28.2. The Disruption toolkit issued by the Home Office should be considered along with other means of disruption.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/794554/6.5120_Child_exploitation_disruption_toolkit.pdf

29. Concluding CE Protocol

- 29.1. Concluding the CE processes can only be done at a Child Exploitation strategy meeting overseen by a Social Services manager.

30. Governance

- The overall governance and oversight will be the responsibility of senior management via the Principal Officer for Safeguarding. Managers and Leads within Social Services will remain responsible for the oversight and day to day decisions and case management.
- Quarterly reporting in relation to data/performance will be presented to the WGSB Exploitation group.
- An annual report and overview of Exploitation should be written by the relevant senior manager and form part of the services' overall Quality Assurance Framework.

31. Reporting, Auditing and Analysis of Information

- 31.1. Consideration in respect of how categorisation of individual cases could be used to ensure that both early identification as well as more significant circumstances are considered at supported at the right level within Hackett's continuum. <https://learning.nspcc.org.uk/research-resources/2019/harmful-sexual-behaviour-framework/>
- 31.2. A monthly report of the numbers and categories of risk for all CE cases should be made available for senior managers, these can in turn be used to provide regular information and assurance reports to the Safeguarding Board.
- 31.3. An annual report and overview of CE should be written by the relevant senior manager and form part of an annual report to the Safeguarding Board.
- 31.4. A quarterly multi agency audit of all CE cases should be undertaken, as part of this audit, and agreed audit tool should be used. The purpose of this audit will be to review practice quality, thresholds, impact of intervention and identify any key themes, both in terms of practice but also in terms of risk factors that have been identified.
- 31.5. Themes and the identification of any specific groups or locations should be identified and shared with police and partner agencies to ensure that necessary steps can be taken to target these areas.
- 31.6. The collection and analysis of data in respects of trafficking, CE and the impact of support will form part of the Quality Assurance Framework.

32. Training

- 32.1. Specific Specialist Exploitation training provided by the West Glamorgan Safeguarding Board or Local Authority training departments that covers the key areas of Exploitation, methodologies of supporting people at risk of Exploitation and their families and safeguarding young people at risk of Exploitation.
- 32.2. Training alone is not sufficient to ensure a skilled and confident workforce, and should be accompanied by:
 - Opportunities to learn from other practitioners – for example, shadowing, co-working and peer observation.
 - Ongoing high-quality supervision.
 - A focus on reflective practice to help practitioners navigate complexity.
 - A recognition of the emotional impact that such work can have on practitioners, and access to support in order to manage this.
 - Training 3rd Sector Voluntary organisations
 - Training the private sector - identifying key areas to **offer training** within this sector, such as taxi drivers, local hotels, retail centres.

33. **Part 2 - Transition Into Adulthood**

- 33.1. This protocol is intended to set out the agreed pathway in West Glamorgan between Children's and Adult Services for recognising, responding and reducing risk for people where exploitation has been a significant issue in

their lives.

- 33.2. There are additional risks to young adults who have experienced CE which include: mental health difficulties, criminal behaviours, alcohol and drug misuse, domestic abuse and having social care involvement with their own children. There has been a clear link made between domestic abuse and exploitation and the way in which young people can be both victims and perpetrators. Therefore, demonstrating a need for there to be ongoing support and services available to those young people who have been victims of CE, but are now 18 years or older. It is critical that the transition for these children to adulthood does not result in them failing to continue to receive the support and protection they may need.
- 33.3. People of all ages may be vulnerable to exploitation. It is the vulnerability (whether that be age, disability, illness, poor life experiences, previous victims of abuse, isolation) of the alleged victim that is important, not just their age. Boys and men are just as likely to be targeted as victims of exploitation by perpetrators.
- 33.4. Young people and adults are groomed and exploited in many different forms, e.g. online, street, gangs, leisure industry, religion, position of authority, celebrity, relational. Perpetrators may work together in groups, or they can work alone. The common theme in all cases is the imbalance of power and the control exerted on the victims.
- 33.5. Victims may lack the capacity to consent (see appendix 1) or may be being threatened or coerced into having sex. The process of grooming may have led the victim to become so dependent on the alleged perpetrator(s) that they see the exploitation as part of something they have to do in order to survive.
- 33.6. Enquiries have identified that services have failed to provide long term therapeutic work for survivors of CSE (The following Reports provide demonstrable evidence of this, '*If it's not better it's not the end: Inquiry into Child Sexual Exploitation and Gangs and Groups: one year on.*' – Sue Berelowitz et al (Date); '*Real Voices: Child Sexual Exploitation in Greater Manchester: An Independent Review*' by Ann Coffey MP (Date); '*Report of Inspection of Rotherham Metropolitan Borough Council*' – Louise Casey (February 2015).
- 33.7. It is therefore critical that the transition for these children to adulthood does not result in them failing to receive the support and protection they may still need.
- 33.8. It is recognised that these young adults may decline further intervention from services, and this should be recorded on the Young Person's Record. Where support is accepted, this may comprise of signposting to additional services (for issues as described above), advising and assistance with access to support, treatment and/or therapeutic services (e.g. New Pathways, the IDVA ((Independent Domestic Abuse Advisors)) Service and Barnardo's) and on rare occasions co-ordinating a care package of support.
- 33.9. When children and young people are subject to care and support or child protection plans these can all continue until the child's 18th birthday and then will cease. It is expected that where the allocated Social Worker has assessed

(through the completion of a single assessment) and with the agreement of the child, parent and the Core Group/Child in Need of Care and Support Group that there is a need for ongoing intervention and support, then a referral is immediately made to the Adult Safeguarding/Social Care. Where the young person has a disability please copy in, PAT team/Transition Coordinator.

- 33.10. The referral to Adult Safeguarding/Social Care should happen before the child reaches the age of 17 years (ideally no later than 17 and a half). The referral should consist of the relevant referral form, Children and Families Assessment and an updated CSE/CE Screening Tool, association map, chronology, safety map and safety plan. The allocated Adult Social Worker will then be responsible for completing the relevant assessment prior to the young person reaching the age of 18.
- 33.11. Where a child is subject to a CSE/CE Plan or Child Protection Plan, the need for involvement by Adult Safeguarding/Social Care will be considered at the first Conference / Review after the child's 17th birthday, and if required a recommendation will be made in the CE/CP Plan for a referral as described above within appropriate timescales, and the identified worker from Adult Safeguarding/Social Care must be included and invited to the Core Group and Review Conference Meetings.
- 33.12. When a child has suffered CE a referral would be accepted by Adult Safeguarding/Social Care, it would be expected that the Adult Social Worker will become part of the Core Group Child in Need of Care and Support Group as the child's 18th birthday approaches. It must be recorded on the child's record that a request has been made to Adult Safeguarding/Social Care for ongoing support.
- 33.13. The Adult Social Worker will need to be actively involved with the child and the plan at least 3 months prior to the child becoming 18.
- 33.14. If through the referral for assessment there are continuing safeguarding concerns then a safeguarding referral will need to be made. Some young people will not fit into the Social Services and Well-being (Wales) Act 2014 care and support component of the Act; however, the LA: Part 7, Section 126 provides the Local Authority with duties to undertake safeguarding enquiries when it would support the young person's well-being and prevent further abuse.
- 33.15. There is an expectation where Children's Services have been involved that they continue to be involved, as well as any relevant partners in order to fully support the young person after their 18th Birthday if required.
- 33.16. It is acknowledged that there may be a number of young people who may have been referred to Adult Safeguarding/Social Care for further support under the CE Transition Procedure who will subsequently decline the involvement of Adult Social Care. Where possible the young person should be provided with details of how they could self-refer themselves in the future should they change their minds. There will be other circumstances where after consideration and assessment by Adult Safeguarding/Social Care the most appropriate support will be an onward referral to IDVA Service, BAWSO, New Pathways or Barnardo's for further therapeutic support.

- 33.17. Children who have been in the care of the Local Authority will have an allocated Personal Advisor (YPA) until at least the age of at least 21 (or 25 if they continue to be in full-time education). It is suggested that they retain “key worker” responsibility. However, a referral to Adult Safeguarding/Social Care should still be made when the young person reaches the age of 17 as per the process above.

34. **Part 3 - Adult Exploitation**

- 34.1. Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person. It is taking advantage of another person or situation usually, but not always, for personal gain. Exploitation comes in many forms and the risk may be increased by their personal characteristics or life circumstances.

34.2. **Consideration For Young People Turning 18 Who Have Been Identified As At Risk Of Child Exploitation**

- 34.3. The Court of protection guidance highlights four key areas to consider in assessing a person’s capacity to consent to sexual relations.

1. Does the person understand that they have choice and can refuse another’s advances? Note – in situations where a person is being sexually exploited the abusive behaviours may have become normalised and individual may lack an understanding that they can say no. As assessors you may need to drill down as to what refusing consent means and how they can action their refusal to consent to a sexual act.
2. Does the person understand the mechanics of the sexual act?
3. Does the person understand the risks and consequences of engaging in sexual activities, including pregnancy and sexually transmitted infections?
4. Does the person understand that risks to their health can be reduced through use of appropriate contraception?

- 34.4. The following cases provide useful information and context to the assessment and issues concerned. They can be found by entering the name of the case in google.

- A Local Authority v KA & MA & RN [2016] EWHC 661.
This case is a Judgment J as to whether a 29 year old learning disabled man, KA, lacked the capacity to make decisions on sexual relations and marriage
- Derbyshire CC v AC, EC & LC [2014] EWCOP 38
This case relates to a person who had a significant learning disability and their ability to consent to sexual relationships with a man who had convictions for assault and actual bodily harm against a former partner

- 34.5. Where necessary you should also assess the person's capacity (see appendix 1) in relation to their understanding of any risks that they may be placing themselves in, for example the risks of meeting someone they have met online or the risks of sharing a sexual or revealing image of themselves with someone online.

35. **Capacity**

- 35.1. Anyone assessing someone's capacity to make a decision for themselves should use the two-stage test of capacity.
- 35.2. Does the person have an impairment of or disturbance in the functioning of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It doesn't matter whether the impairment or disturbance is temporary or permanent.)
- 35.3. If so, is person is unable to make the decision in question at the time it needs to be made because of the impairment of or disturbance in the functioning of the mind or brain ?
- 35.4. The Mental Capacity Act 2005 sets out a statutory method for assessing whether a person lacks capacity to take a particular decision at a particular time. The test is whether a person can:
- Understand the information relevant to the decision
 - Retain the information
 - Use or weigh that information as part of the process of making the decision
 - Communicate the decision
- 35.5. It should be noted, at the time of writing, that the Mental Capacity (amendment) Bill is going through parliamentary processes. This bill, when enacted, will replace the Deprivation of Liberty Safeguards (DoLS) and replace it with Liberty Protection Safeguards.

36. **Consent for Referrals / Support**

- 36.1. Consent should always be sought unless seeking consent will place the person at imminent risk of serious harm or if you believe that a serious crime has been committed.
- 36.2. There may be occasions when it is judged that a refusal of consent would put the person or others at risk of significant harm or would undermine the prevention, detection or prosecution of a serious crime. In these circumstances, there is an expectation that the refusal of consent would be overridden and that information would be shared. Where consent has not been provided, this will be recorded also, along with reasons why the information is being shared .
- 36.3. There must be a proportionate reason for not seeking consent and the person making this decision must try to weigh up the important legal duty to seek consent and the damage that might be caused by the proposed information sharing on the one hand and balanced against whether any, and if so what type

and amount of harm might be caused (or not prevented) by seeking consent.

- 36.4. When seeking consent, please ensure that it is understood that they are consenting to information being shared with other services where considered appropriate. Also that information may be shared without consent should appropriate thresholds be met.

37. **Sexual Exploitation of Adults**

- 37.1. **Good Practice** – Assessors need to ensure they have a recent history of the person, details about their behaviour patterns, lifestyle, relevant risk issues and any information and support that they have had in relation to the decision being assessed. – What is the best time of day / the best location to discuss the decision? How the person communicates best. Is having someone else present helpful or not?
- 37.2. **Coercion** - It is important to explore whether the person is being coerced i.e. the individual is compelled by another to act through the use of physical force or threat of immediate serious bodily injury or death.
- 37.3. One way of looking at coercion is to ask the whether the person has been asked / told / done something that sexually they were uncomfortable / unhappy about.
- 37.4. **Capacity and Consent** - Consent to sexual relationships is an 'exemption' decision under the Mental Capacity Act, meaning that although you can assess the persons capacity, it is not possible to make a 'best interests' decision to consent to sexual relationships.
- 37.5. A person consents if they agree by choice and have the freedom and capacity to make that choice' (Sexual Offences Act 2003).
- 37.6. Assessing whether the person has capacity to give informed consent to sexual activity is critical.
- 37.7. It is worth noting that sexual abuse and exploitation do not retire at 65 and consideration of the needs of older adults and the elderly are paramount.

38. **Harmful Sexual Behaviour**

- 38.1. Adults exhibiting harmful sexual behaviours are generally viewed as criminals first. It is important that agencies consider the individual's own history in terms of any abuse or exploitation during childhood, any vulnerabilities of the adult and any capacity issues.

39. **Cuckooing**

- 39.1. **Cuckooing is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for drug dealing**

Victims of 'cuckooing' are often drug users but can include older people, those suffering from mental or physical health problems, female sex workers, single mums and those living in poverty. Victims may suffer from other forms of addiction, such as alcoholism.

39.2. **What Are The Signs Of Cuckooing?**

Signs that 'cuckooing' may be going on at a property include:

- An increase in people entering and leaving
- An increase in cars or bikes outside
- Possible increase in anti-social behaviour
- Increasing litter outside
- Signs of drugs use
- Lack of healthcare visitors

40. **Modern Slavery/Human Trafficking**

40.1. All staff should have training on trafficking and be vigilant to signs and indicators. If they are unsure whether a person should be considered for a referral to social services under the trafficking protocol the practitioner can phone the appropriate team to get initial advice. If the name and address of the suspected trafficked person is unknown then the practitioner will be advised to phone this through to the police so that investigations can be made as to who and where the person is.

40.2. Practitioners in Adults Safeguarding will take the information, also known as a screening. The basic details will include, where possible, the national minimum core data set as set out in Codes of practice 3, SSWBA, 2014. This may include the following:

- Names, DOB and Address of trafficking individual and any persons living with them which may include relatives, friends or in the case of a child, carer or other guardian.
- Telephone number or other means of contact
- GP
- Ethnicity and Nationality
- Language preference including any requirement for translator
- Gender
- Occupation
- Any known previous assessments undertaken on the person in question

40.3. Practitioners will undertake the following checks to verify information:

- GP registration check to confirm address
- An advisory conversation with police to find out if there is any additional information known about the adult
- UK Visa and Immigration (UKVI) check for any immigration status or alerts.
- Clarify if there are any recourse or accommodation issues that need to be considered

40.4. Once the information has been gathered a discussion will be held between senior staff. Decisions will be made about the following:

- Whether a comprehensive care and support assessment is required;
- Whether to proceed directly into adult at risk processes and whether the people concerned should be contacted or assessed prior to this
- Whether any emergency action is needed
- Expectations from other professionals

- 40.5. The decision on next steps will be fed back to relevant partners and they will also notify the respective Principal Officer for safeguarding for their information.
- 40.6. An adult who has been trafficked may not require a comprehensive care and support assessment as they could be supported through other means such as the National Referral Mechanism (NRM) Framework. Adult at risk processes will be considered in line with the information gathered. Any decisions will be agreed by the manager and where necessary in agreement with the principal officer for safeguarding.

41. **National Referral Mechanism (NRM) Framework**

- 41.1. Once a person has been identified as trafficked, practitioners should follow the NRM process and pass information about a trafficked person via this framework. It is important that a MARAC referral is also made once identified. Information to be forwarded to Regional Modern Slavery MARAC Coordinator tel no: 02920 644633 (BAWSO).
 - 41.2. For adults, referral through this framework is voluntary and can happen only if the potential victim gives their permission by signing the referral form. To download an adult referral form please follow the link to the following website:

www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms
 - 41.3. All completed NRM forms are sent to the Modern Slavery, Human Trafficking Unit (MSHTU) in the first instance. The MSHTU will then determine which Competent Authority will deal with the case and will forward the papers if needed.
 - 41.4. Completed forms should be sent to the MSHTU Competent Authority via e-mail at nrm@nca.x.gsi.gov.uk or by fax to 0870 496 5534.
 - 41.5. It is recognised that most concerns about trafficking will be raised by the public or practitioners. However, an adult may seek help directly from statutory services. If an adult or their family raises concerns then the initial information can be gathered directly from them, with the use of interpreters if this is needed.
 - 41.6. Good practice dictates that practitioners will stay with the trafficked people until the initial information has been gathered and an interim plan has been put in place. If an adult, with capacity, decides to leave while this assessment is ongoing then a decision has to be made as to whether the police need to be contacted to help safeguard that person.
42. ***'Duty To Notify'***
- 42.1. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.

- 42.2. The 'duty to notify' provision is set out in Section 52 of the Modern Slavery Act 2015. The information that must be provided is set out in the Modern Slavery Act 2015 (Duty to Notify) Regulations 2015.
www.legislation.gov.uk/ukxi/2015/1743/pdfs/ukxi_20151743_en.pdf
- 42.3. How To Notify The Home Office
- 42.4. Where an individual is being referred to the NRM, the NRM referral form will be sufficient in itself to satisfy the duty to notify.
- 42.5. Where an NRM referral is not being made, the MS1 form should be completed and sent to dutytonotify@homeoffice.gsi.gov.uk.
- 42.6. This information should be provided as soon as practicable. Unless there are exceptional circumstances, the MS1 form should be sent to the duty to notify inbox within one month of encountering a victim.
- 42.7. An MS1 form should only be used if the potential adult victim wants to remain anonymous and does not want specialist support (or if you are not able to contact the potential victim and do not know their personal details). The MS1 form is available on the gov.uk website.
www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery

APPENDIX 1

MENTAL CAPACITY ASSESSMENT CHECKLIST

Name of Individual

ID.

Date of Birth

Place assessed

Present at Assessment

Name of Assessor

Designation

EVIDENCE		
A lack of mental capacity could be due to a number of circumstances :		
Stroke		
An existing mental health problem		
Brain injury		
A learning disability		
Confusion, drowsiness or unconsciousness caused by an illness or the treatment for it.		
Post anaesthetic or sedation		
Substance misuse		
Alcohol Misuse		
Undiagnosed Dementia –		
Alzheimer's		
Frontotemporal dementia [FTD]		

Vascular Dementia		
Lewy Body Dementia		
Early onset dementia		
Korsakoff Syndrome		
Huntington's Disease		
Parkinson's Disease		
Cognitive Impairment		
Is the individual experiencing – a high temperature?		
Pain?		
Has the Individual had a recent change in medication		
Any other relevant medical condition		

NOTES

PREPARATION	PROMPTS	
Ensure That	Appropriate communication aids including pictures, objects other visual aids are made available	
	Consult family members/carers about preferred communication methods	
	Enlist the help of others who are trusted and known well by the person	
	Be aware of cultural or religious factors	
	Are there any publications which may aid understanding	
	Can they understand the information relevant to the decision	
Timing Of Assessment	At what time of day is the person most alert	
	Will capacity improve if the decision to assess is delayed	
	Consider the effect of medication on the timing of the assessment	
Location / Environment	Where does the individual feel most at ease	
	Is there a location which may aid decision making consider T Loop for hearing Aids	
	Ensure there are no interruptions, or distractions [Television, radio and large public areas]	
Communication	Assessor should understand the nature and effect of the decision on the individual	
Questions To Ask	These must be explained in a way the person can understand	
	Consider why is the decision is needed and what are the consequences	
	Provide suitable support [aids, support staff] must be provided with time taken to explain	
	Do not give more information than necessary	
	Describe foreseeable consequences, risks and benefits of the decision	

	Describe the effects of the decision on the person and others Present choices in a balanced way	
	Allow the person time to clarify and/or reflect	
	Be prepared to try more than once	
Can They Retain The Information	Introduce the topic then fill in the detail	
	The person must retain the information long enough to make a choice	
	Retaining information for a short time does not automatically disqualify	
	Notebooks, pictures, assistive technology, recording aids may be used by the person	
Can They Use Or Weigh The Information As Part Of Decision Making	Can they understand and use the information	
	Is this demonstrated in day to day living [case records / feedback from others]	
	Communication can be assisted and facilitated	
	This could be verbal nonverbal methods e.g. Makaton, braille, sign language or other methods of communication	
	Use skilled communication specialist where appropriate	
	Consider whether English is their first language – ensure access to appropriate interpreter as required	
What Support Does The Individual Require?	Is any further input needed	
	Do they need to talk to someone who has made a similar decision	
	Do you need an independent advocate	
	Does anyone else need to be with them support staff etc.	

	Consider the views of others such as: GP	
	Psychiatrist	
	Community Psychiatric Nurse /	
	Occupational Therapist	
	Speech and Language Therapist,	
	Manager, Care and Support Staff, Registered Nurse	
	Family,	
	IMCA	
	Solicitor	
Additional Context/History	What is known about the persons history of decision making	
	Have they made a similar decision before	
	Do we know what their decision would have been before any loss of capacity	
	What are their hopes and aspirations	
	What is the view of close relatives or friends?	

Best Interest Decision –

If the assessment shows the patient lacks capacity, a decision must be made in their best interest. In determining this, you must consider the following relevant factors:

i	Is the individual's lack of capacity temporary or permanent?		
ii	What is the risk to the individual ?		
iii	Is there a risk to the public and or staff?		
iv	Which options for the safety, wellbeing or treatment would provide the best outcomes for the Individual?		
v	Which option, [including end of life care] is this least restrictive to the individual?		
vi	Are the individual's past and present wishes and feelings, in particular any relevant written statement made when the individual had capacity?		

vii	Is a legal Power of Attorney OR Advanced Directive in place etc.?		
viii	Have you considered the views of anyone the individual asks you to consult, or who has their behalf such as a person with Lasting Power of Attorney?		
ix	Have you sought the views of people close to the individual?		
ix	What do you know about the individual's beliefs and values?		
x	Has the final assessment been shared with the individual and Family?		

- ✓ It is good practice on completion of the Capacity Assessment to share the outcome with the individual, family, friend or representative of the individual's choice and professionals.
- ✓ Consideration should be given to a multidisciplinary meeting to ensure that any Adult at Risk Care plan is updated as result of the evidence gleaned from the capacity assessment.

Individual's Signature / or Representative/ IMCA: _____Date

Assessor's Signature: _____Date

DRAFT